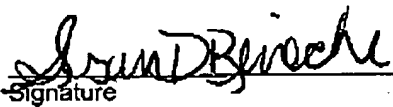
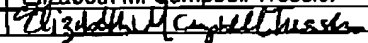


TRANSMITTAL FORM				RECEIVED CENTRAL FAX CENTER MAY 11 2006			
Application Number		09/923,730		Filing Date		August 7, 2001	
First Named Inventor		Takeshi Kobayashi		Art Unit		2645	
Examiner Name		MD S Elahee		Attorney Docket Number		201440-9001	
Total Number of Pages in This Submission		11					
ENCLOSURES (check all that apply)				PETITION FOR EXTENSION OF TIME			
<input checked="" type="checkbox"/> Amendment/Reply – 8 pages <input type="checkbox"/> Before Final <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declarations <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form(s) <input type="checkbox"/> Cited References <input type="checkbox"/> Certified Copy of Priority Document <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Submission of Formal Drawings <input checked="" type="checkbox"/> Other: Change of Correspondence Address – 1 page				This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. <input type="checkbox"/> Applicant(s) claims small entity status under 37 CFR 1.27. <input checked="" type="checkbox"/> Applicant(s) petitions for a one-month extension of time and pay the fee of \$120.00 (37 CFR 1.17(a)(1)-(5)). <input type="checkbox"/> Applicant(s) believes that no petition for an extension of time is necessary (37 CFR 1.36(c)); however, applicant(s) hereby petition for sufficient extension of time to render the present submission timely.			
CLAIMS FEES							
<input checked="" type="checkbox"/> No additional claim fee is required.							
				Small Entity		Large Entity	
	Claims Remaining After Amendment		Highest Number Previously Paid For	Extra Claims Present	Rate	Addit. Claim Fee	Rate
Total	11	-	20	=0	x 25=	\$0	x 50=
Independent	5	-	5	=0	x 100=	\$0	x 200=
				+ 180=	\$0	+ 360=	\$0
<input type="checkbox"/> First Presentation of Multiple Claim							
FEES							
<input type="checkbox"/> Additional Claim Fee						\$0.00	
<input checked="" type="checkbox"/> Extension fee for one-month						\$120.00	
<input type="checkbox"/> Information Disclosure Statement						\$0.00	
<input type="checkbox"/> Surcharge for Missing Parts – Declaration						\$0.00	
<input type="checkbox"/> Terminal Disclaimer						\$0.00	
TOTAL FEES						\$120.00	
PAYMENT OF FEES							
<input type="checkbox"/> A check in the amount of \$ 0.00 is enclosed.							
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1965. A duplicate copy of this transmittal is attached for this purpose.							
<input checked="" type="checkbox"/> The Director is authorized to charge Deposit Account Number 50-1965 in the amount of \$120.00.							
SIGNATURE OF ATTORNEY							
Susan D. Reinecke, Reg. No. 40,198 MICHAEL BEST & FRIEDRICH LLP Two Prudential Plaza 180 North Statson Avenue Suite 2000 Chicago, IL 60601-6710 Telephone: (312) 222-0800 Facsimile: (312) 222-0818				 Signature Date: May 11, 2006			
CERTIFICATE OF TRANSMISSION/MAILING							
I hereby certify that this correspondence is:							
<input checked="" type="checkbox"/> being facsimile transmitted to the USPTO, facsimile number (571) 273-8300.							
<input type="checkbox"/> deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below							
Typed or printed name				Elizabeth M. Campbell Tressler			
Signature							
						Date: May 11, 2006	